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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
(Attorney Docket No. 006420.00004)

O P E  
1 MAR 02 2006  
PATENT & TRADEMARK OFFICE  
In re U.S. Patent Application of )  
Dharmadhikari, et al. )  
Application No. 10/526,285 )  
Filing Date: March 2, 2005 )  
For: PHARMACEUTICAL COMPOSITION OF )  
METAXALONE WITH ENHANCED ORAL )  
BIOAVAILABILITY )  
Examiner: Michel Graffeo  
Art Unit: 1614

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

The non-final Office Action mailed December 2, 2005 has been carefully reviewed and this communication was prepared in response thereto. The Office Action set a three-month period for response, thus making this Amendment due on or before March 2, 2006. It is believed there is no fee due in connection with this filing; however, if a fee is due, the Office is authorized to charge such a fee to Deposit Account No. 19-0733.

**Amendments to the Claims** are reflected in the Listing of Claims, which begins on Page 2 of this paper.

Remarks/Arguments begin on Page 5 of this paper.

Because Scaife et al. and Gilis et al., or Scaife et al. and Cheng et al. singly or combined, do not teach or suggest each and every feature recited in the amended claims, the claimed invention is novel and non-obvious in view of the prior art. Accordingly, applicants respectfully request that the prior art rejections be withdrawn.

In view of the foregoing, it is respectfully submitted that the pending claims are in condition for allowance. The Examiner is invited to contact the undersigned should it be deemed helpful to facilitate prosecution of the application.

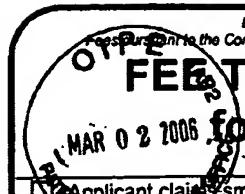
Respectfully submitted,  
BANNER & WITCOFF, LTD

Date: March 2, 2006

By: 

Robert H. Resis  
Registration No. 32,168  
Direct Dial No. (312) 463-5405

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p>Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> MAR 02 2006 for FY 2005</p> <p><small>Applicant claims small entity status. See 37 CFR 1.27</small></p>		<p align="center"><b>Complete If Known</b></p> <table border="1"> <tr> <td>Application Number</td> <td>10/526,285</td> </tr> <tr> <td>Filing Date</td> <td>03/02/2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Dharmadhikari et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Michel Graffeo</td> </tr> <tr> <td>Art Unit</td> <td>1614</td> </tr> <tr> <td>Attorney Docket No.</td> <td>006420.00004</td> </tr> </table>		Application Number	10/526,285	Filing Date	03/02/2005	First Named Inventor	Dharmadhikari et al.	Examiner Name	Michel Graffeo	Art Unit	1614	Attorney Docket No.	006420.00004
Application Number	10/526,285														
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First Named Inventor	Dharmadhikari et al.														
Examiner Name	Michel Graffeo														
Art Unit	1614														
Attorney Docket No.	006420.00004														
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 180.00)															

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_

Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
— 20 or HP =	x	=	—	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
— 3 or HP =	x	=	—	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

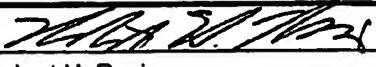
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
— 100 =	/ 50 =	(round up to a whole number) x	=	—

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Supplemental IDS \$180.00**SUBMITTED BY**

<u>Signature</u>		Registration No. (Attorney/Agent)	32,168	Telephone	(312) 463-5000
Name (Print/Type)	Robert H. Resis			Date	03/02/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-788-9199) and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

10/526285

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES	20	
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. in USA = \$ 50 / \$ 100 All other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEES FOR EXTRA SPEC. PGS.	minus 100 =	150 =
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0 =
INDEPENDENT CLAIMS	2 minus 3 =	0 =
MULTIPLE DEPENDENT CLAIM PRESENT	N	<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	Fee
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 125 =	
X \$ 25 =	
X \$ 100 =	
+\$ 180 =	
TOTAL	
OR	
RATE	Fee
BASIC FEE	300
EXAM. FEE	000
SEARCH FEE	400
X \$ 250 =	
X \$ 50 =	
X \$ 200 =	
+\$ 360 =	
TOTAL	900

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	20	Minus	** =
Independent	2	Minus	*** <i>Same</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+\$ 180 =	
TOTAL ADDIT. FEE	
OR	
RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+\$ 360 =	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	23	Minus	** 20 = 3
Independent	3	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+\$ 180 =	
TOTAL ADDIT. FEE	
OR	
RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+\$ 360 =	
TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.